

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ms</i>		<i>9/10</i>
O.I.P.E. CLASSIFIER		<i>59</i>	<i>928</i>
FORMALITY REVIEW	<i>PS</i>	<i>7172</i>	<i>11-4</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	<i>4/24/09</i>
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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